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PTO/SB/01 (10-00)

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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)  <b>OR</b>	Attorney Docket Number	CRD-0931
	First Named Inventor	Robert Falotico
	<b>COMPLETE IF KNOWN</b>	
	Application Number	To Be Determined
	Filing Date	
	Group Art Unit	
	Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMPOUND AND DELIVERY DEVICE FOR INHIBITING  
CONSTRICTIVE VASCULAR REMODELING**  
(Title of the Invention)

The specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International Application Number  and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

10050007-060704

## DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/204,417	05/12/2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/262,614	01/18/2001	
60/262,461	01/18/2001	
60/263,806	01/24/2001	
60/263,979	01/25/2001	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
09/575,480	05/19/2000	Pending Patented Patented

I hereby appoint: \_\_\_\_\_

☒ Practitioners at Customer Number **000027777** → Number Bar Code

Label Here

AND

☐ Practitioner(s) named below:

Name	Registration Number
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Carl J. Evens at telephone number (732) 524-2518.

Direct all correspondence to: ☒ Customer Number ☐ or Bar Code Label ☐ 000027777 OR ☐ Correspondence address below

Name: \_\_\_\_\_

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[illegible]

\_\_\_\_\_

Figure 1 consists of 12 diagrams illustrating the development of the human embryo from fertilization to the end of the eighth week. The diagrams are arranged vertically and labeled with dates and times on the left. Each diagram shows the progression of the embryo, with labels for the head, tail, and other developing structures. The diagrams are numbered 1 through 12, corresponding to the dates and times listed on the left.

- 1. Fertilization (1.1.1900)
- 2. 2.1.1900
- 3. 3.1.1900
- 4. 4.1.1900
- 5. 5.1.1900
- 6. 6.1.1900
- 7. 7.1.1900
- 8. 8.1.1900
- 9. 9.1.1900
- 10. 10.1.1900
- 11. 11.1.1900
- 12. 12.1.1900

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Robert		Family Name or Surname Falotico	
Inventor's Signature 		Date	
Residence: City Belle Mead	State NJ	Country USA	Citizenship USA
Mailing Address 40 Black Horse Run			
City Belle Mead	State NJ	ZIP 08502	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country